



Los Angeles County – Department of Health Services
My Health LA (MHLA) Program – Eligibility Review Unit
INCOME VERIFICATION FORM (IVF)

SECTION #1 CEC – COMPLETE THE FOLLOWING:

If you answer “YES” to one or more of the following questions you are considered a self-employed individuals and are required to provide your 1040 and Schedule C or the profit and loss statement if you keep business records.

	Yes	No
Do you work for yourself? For example, you have a business in your name.	<input type="checkbox"/>	<input type="checkbox"/>
Will you file your taxes this year as self-employed for this job?	<input type="checkbox"/>	<input type="checkbox"/>
Do you work for someone who needs a new contract to hire you for a new job?	<input type="checkbox"/>	<input type="checkbox"/>

Section #2 CEC – COMPLETE THE FOLLOWING:

INCOME VERIFICATION FOR THE MONTH OF: _____ 20____ Date: _____

COMMUNITY CLINIC:	ENROLLER:	PRIMARY INFORMANT/APPLICANT:	PID / APP ID:
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Section #3 PARTICIPANT – COMPLETE THE FOLLOWING:

The wage earner’s employer must sign in the Employer's Signature section below if he/she works for someone who withholds deductions for taxes from their pay and is paid in cash or check.

☐ Self-Employed/Paid cash or by check ☐ Employed by other/ paid cash or by check (no withholdings)

I am paid: ☐ Daily ☐ Weekly ☐ Every Two Weeks ☐ Monthly ☐ Two Times a Month ☐ Other

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					



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Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
			TOTALS		

I, _____, HEREBY CERTIFY THAT THE STATEMENT ABOVE IS A
TRUE RECORD OF MY EARNINGS, DURING THE MONTH OF _____ 20_____
SIGNATURE: _____



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INCOME VERIFICATION FORM (IVF) – Completion Instructions

Certified Enrollment Counselor (CEC) completes Sections # 1 and # 2

SECTION #1:

This will determine if the wage earner is considered self-employed. If an applicant answers “yes” to one or more of the questions in Section # 1, they are considered self-employed and the income calculation guidelines regarding self-employment would apply. If an applicant is determined to be self-employed based on the definition in section #1, the applicant cannot use the IVF as a verification of income.

SECTION #2:

Identify the Income Verification Month, Community Clinic, Enroller, and Primary Informant / Applicant, and PID/APP ID.

Applicant completes Section # 3

1. Place a check in the box to mark the type of employment that you are reporting.

A. ☒ **Self-Employed/Paid cash or by check**

OR

B. ☒ **Employed by other/ paid cash or by check (no withholdings)**

*NOTE: If you are paid by check by an employer and the employer does not withhold deductions for taxes from your pay, check ☒ **employed by other/ paid cash or by check (no withholdings)**.*

2. In section, “**I am paid**”, identify the frequency of pay by placing a check ☒ in the box to mark how often you are paid.

(☐Daily ☐Weekly ☐Every Two Weeks ☐Monthly ☐Two Times a Month ☐Other)

See MHLA Income Verification Form (IVF) FAQ’s for examples of how to complete IVF’s for the following frequency of pay:

- 1) Attachment # 1 - Applicant Paid Daily
- 2) Attachment # 2 - Applicant Paid Weekly – Stable Income
- 3) Attachment # 3 - Applicant Paid Weekly – Fluctuating Income
- 4) Attachment # 4 - Applicant Paid Weekly – Two Employers (same IVF)

3. **Day, Gross Amount Earned, Hours Worked, Employer Name, Address, & Signature** - For each day of the month that you were paid, write the total gross amount of money and the number of hours worked. Your employer must sign the Employer’s Signature section, **ONLY** if you work for someone who withholds deductions for taxes from your pay, but you are paid in cash or check.

4. **Totals** - Add the earnings and hours worked for the month and write the totals in this section.

5. **Certification** - Print name, insert reported month and year, and signature.